

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000000559

Entity Name: GMFS, L.L.C.

**Current Principal Place of Business:**

7389 FLORIDA BLVD., SUITE 200A  
BATON ROUGE, LA 70806

**Current Mailing Address:**

7389 FLORIDA BLVD., SUITE 200A  
BATON ROUGE, LA 70806 US

FEI Number: 72-1441479

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
155 OFFICE PLAZA DR  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title CEO  
Name BROWN, J. TERRELL JR  
Address 7389 FLORIDA BLVD., SUITE 200A  
City-State-Zip: BATON ROUGE LA 70806

Title MANAGER  
Name D'ARMOND, THOMAS W  
Address 7389 FLORIDA BLVD., SUITE 200A  
City-State-Zip: BATON ROUGE LA 70806

Title MANAGER  
Name WESTON, JEFFREY M  
Address 7389 FLORIDA BLVD., SUITE 200A  
City-State-Zip: BATON ROUGE LA 70806

Title CCO  
Name WORTHAM, CYNTHIA  
Address 7389 FLORIDA BLVD., SUITE 200A  
City-State-Zip: BATON ROUGE LA 70806

Title CFO  
Name EGLIN, WILL  
Address 7389 FLORIDA BLVD., SUITE 200A  
City-State-Zip: BATON ROUGE LA 70806

Title COO  
Name THOMPSON, BENNETT  
Address 7389 FLORIDA BLVD., SUITE 200A  
City-State-Zip: BATON ROUGE LA 70806

Title MANAGER  
Name SPEED, MOLLY  
Address 7389 FLORIDA BLVD., SUITE 200A  
City-State-Zip: BATON ROUGE LA 70806

Title MANAGER  
Name MAXWELL, WILLIAM  
Address 7389 FLORIDA BLVD., SUITE 200A  
City-State-Zip: BATON ROUGE LA 70806

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: CYNTHIA WORTHAM

CCO

01/30/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date

**Authorized Person(s) Detail Continued :**

Title COO  
Name WILLIAMS, MEREDITH  
Address 7389 FLORIDA BLVD., SUITE 200A  
City-State-Zip: BATON ROUGE LA 70806